

F

PLEASE  
PRINT  
PLAINLY

Collaborator if any \_\_\_\_\_

Artist

JOHN OPTE

Address 215 GRAND AVE. AKRON, SUMMIT

Shipping Address \_\_\_\_\_  
(IF SHIPMENT IS REQUIRED)

864.8310  
Tel.

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.**

Use second blank if required


Permission to print prices on labels granted unless declined here.

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

  
SIGNATURE

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